

KNUST BURSARY APPLICATION FORM**PART 1. APPLICANT'S INFORMATION**

1. a) Surname		b) First Name		c) Other Name(s)	
2. Date of Birth (dd/mm/yy)		3. Gender Male: <input type="checkbox"/> Female: <input type="checkbox"/>		4. Student ID # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
				5. Index Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
6. a) Place of Birth/Region (e.g. Kumasi-Ashanti Region):		b) Residential Address		7. Nationality	
8. Religion/Religious group's name (e.g. Christianity/ Pentecost Church)		9. Hall/Hostel of Affiliation		10. Student Vodafone #	
				11. Other Mobile #	
12. Programme of Study		13. Duration of Programme		14. Current CWA	
15. College		16. Faculty		17. Department	
				18. Year/Level	
19. Indicate the mode by which you gained admission to the University. a) Less Endowed Student <input type="checkbox"/> b) Parallel Student <input type="checkbox"/> c) Fee-Paying Student <input type="checkbox"/> d) Regular Student <input type="checkbox"/> e) Other <input type="checkbox"/>					
20. Residential Address when school is in session.		21. Have you applied for the 2023/24 KBN Bursary? YES <input type="checkbox"/> NO <input type="checkbox"/>		22. If you have benefited from any other scholarship/bursary, please state the source: Date: _____ Amount: _____	
23. Name of SHS Attended		Programme of study		Period of Attendance	
				Who paid for your education and upkeep at this level?	

PART 2. PARENTS'/GUARDIAN'S INFORMATION

FATHER		Check the box if Deceased <input type="checkbox"/>	MOTHER		Check the box if Deceased <input type="checkbox"/>
1. Name			1. Name		
2. Marital Status	a) Single <input type="checkbox"/> b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>		2. Marital Status	a) Single <input type="checkbox"/> b) Married <input type="checkbox"/> c) Separated/Divorced <input type="checkbox"/>	
3. Residential Address	4. Mobile #		3. Residential Address	4. Mobile #	
	5. Number of Children			5. Number of Children	
6. Type of Occupation/Work		7. Unemployed <input type="checkbox"/>	6. Type of Occupation/Work		7. Unemployed <input type="checkbox"/>

PART 4. STUDENT'S DECLARATION

I hereby declare that the information given by me is True and Accurate.

Applicant's Name

Applicant's Signature

Date

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PART 5. NAME AND ADDRESS OF REFEREE

Please provide details of one referee. He/she **MUST** be a Senior Member of the **University**.

REFEREE			
Name		Position	
Address		Date	

Signature & Stamp

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